

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

District of

Division

Case No.

17-CV-00503-SHR

Jury Trial: (check one) ☐ Yes ☐ No

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

DR. Christina / NIVUS
605 S. GEDDGE ST.
York, PA. 17403
(717) 851-2334

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

3-17-2017

DR. Christina Nivus

She brought a woman in the room to tell me. Well I was in Emergency Status. That she was no longer to with the contract, while Memorial Hospital gave me medicine. until my appt. (and left me in the room and never gave me forms)

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

DR. McCracken 3/19/2017
me on speaker call with (people in the room) and thought I was calling about medicine (Emergency Cause) from Emergency Room Memorial Hospital and supposed to sent to Apple Hill. They gave me medication and a form to be sent to Apple Hill.

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

DR. McCracken

3-19-2017

Releases

He got smart about my med's DR. Christina gave me only 2 to 3 month. (that didn't adjust with me, at all.)

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

United Health Care Call both doctors to Day's Back to Back. (Ask for my) Apple forms and my walker prescriptions

I call administration Board 3-Day's Straight - Nicole - Bonnie - (and Donna) I stroke too.

ask for Recording and was on phone Conference

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal question

☒ Diversity of citizenship

N/A

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

March
24
2017

(never complied with her)
Today DR. Mason call DR. Krusten/Nhus
about being seen for hip replacement
Back, pain, to be check at my Doctor
appt.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Administration (Donna), is a citizen of the
State of (name) York Hospital (Complaint about wrong from
to just check knee's - DONNA (again

b. If the plaintiff is a corporation

The plaintiff, (name) Caroline (717) 851-2345, is incorporated
under the laws of the State of (name) Call
and has its principal place of business in the State of (name)

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) Administration Hospital, is a citizen of
the State of (name) York Community Health. Or is a citizen of
(foreign nation) 605 S. GEORGE ST

All NO. to make appt.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under
the laws of the State of (name) _____, and has its
principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

come in for a Mobile Test
(prospection)

Apple Hill (made appt) (April 28th 2017) 10:00
Blue only for KNEE'S Diagnostic

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

See (Dr. Mason) Shot in thigh and
Pavis

(complaint) Exray (for Shots in thighs injection Hips. Back —
Pavis, and KNEE) I've not seen Emily Gracia
(Specialist)

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

checking my back, on March 23, 2017
Hershey, Suppose give me a Shot to
find out what wrong with my Body.
(with Shot's find something out
on March 27th 2017) refuse Shot to
Some Feb 27th 2017

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Bringing my Son Mark, A. Martin For Diagnosis, as
 appt. and home health care worker. Real, The Emergency
 Status.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff

Printed Name of Plaintiff

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Denied Health Care to write Complaint
 up. As. wrong reasons, more
 complications, should be written
 up for, AS Rheumatologist
 Apple Hill Appt.

(No - Att. at this time)
 (New) Bro-hond.